

**RELEASE CHECKLIST FOR NGRI's COMMITTED PURSUANT TO
T.C.A. §33-7-303(c)**

INSTITUTE: _____ **NAME:** _____ **CHART #:** _____

DATE ADMITTED: _____ **CHARGES:** _____

COUNTY/COURT: _____ **CMHC OR OTHER PROVIDER:** _____

CMHC FORENSIC COORDINATOR: _____

DISCHARGE RECOMMENDATION: _____

ADMINISTRATIVE

YES NO

A. Does the commitment order require mandatory judicial review of release?

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If no, proceed with the following questions. **If yes, skip to 8.**

1. Has the treatment team and attending physician considered the following:

Clinical information?

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Crime for which the patient was adjudicated NGRI?

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Release pursuant to Title 33, Chapter 6, Part 6, Tenn. Code Ann. (Civil MOT)?

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Needed follow-up services?

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2. Has the above record been presented to another licensed physician for review and recommendation?

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3. Have the written recommendations of both physicians been forwarded to the chief officer for a decision?

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4. If the chief officer concurs, has a written notice been sent to the following:

The committing court?

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The patient?

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The licensed physicians?

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The district attorney?

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Office of the Deputy Assistant Commissioner?

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5. If the chief officer does not concur, has a written notice been sent to the following:

The patient?

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The licensed physicians?

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6. If release is pursuant to Title 33, Chapter 6, Part 6, Tenn. Code Ann., has an outpatient treatment plan been developed?

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7.	Has the committing court been notified of plan for release pursuant to Title 33,Chapter 6, Part 6, Tenn. Code Ann.?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Did the staff conference include two licensed physicians?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Did the staff conference consider committability pursuant to Title 33, Chapter 6, Part 5, Tenn. Code Ann., in addition to the issues listed in question 1 above?	<input type="checkbox"/>	<input type="checkbox"/>
		YES	NO
10.	Did the letter to the court include the following?		
	Name, legal status, date of admission, and crime for which the individual was adjudicated NGRI?	<input type="checkbox"/>	<input type="checkbox"/>
	Reason for admission?	<input type="checkbox"/>	<input type="checkbox"/>
	Statement that the patient no longer meets judicial commitment standards?	<input type="checkbox"/>	<input type="checkbox"/>
	Statement that the patient will be referred to a mental health center or other provider for follow-up services?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Was the letter sent to the following:		
	Judge?	<input type="checkbox"/>	<input type="checkbox"/>
	Patient?	<input type="checkbox"/>	<input type="checkbox"/>
	Patient's next of kin?	<input type="checkbox"/>	<input type="checkbox"/>
	District Attorney and Defense Attorney?	<input type="checkbox"/>	<input type="checkbox"/>
	Licensed physicians who recommended release?	<input type="checkbox"/>	<input type="checkbox"/>
	Office of Deputy Assistant Commissioner?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Was the letter sent by certified mail, return receipt requested?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Was the appropriate CMHC or other provider involved in the planning of aftercare services?	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL

1.	Is the family supportive of the release?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there court opposition to the release?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there community opposition to the release?	<input type="checkbox"/>	<input type="checkbox"/>

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| 2. | Is the patient to be discharged into the same environment in which the crime occurred? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Does the patient have a history of noncompliance with treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Is there criminal history associated with noncompliance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Is there a history of alcohol/drug abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Were alcohol/drugs involved in the crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Has the patient had on-campus and off-campus privileges? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Have there been any problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Does the patient possess self-care living skills, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Has the patient been violent, assaultive, threatening within the last six months of hospitalization? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, please describe, i.e., what did the patient do? How often? When was the last episode? What was done about it? | | |
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